

| | | | | |
|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/330,763 | 06/22/99 | 422 | 1742 | STEU-2666 |

APPLICANT

THOMAS D. TAGGART, SOUTH WALES, NY.

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/118,404 02/02/99

Checked

****371 (NAT'L STAGE) DATA*******

VERIFIED

None

****FOREIGN APPLICATIONS*******

VERIFIED

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/07/99 ** SMALL ENTITY **

| | | | | | | |
|--|--|--|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met: | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and Acknowledged | <u>JS</u> Examiner's initials | | NY | 14 | 36 | 5 |

ADDRESS

ARLEN L OLSEN
SCHMEISER OLSEN & WATTS
3 LEAR JET LANE SUITE 201
LATHAM NY 12110

#5409

TITLE

APPARATUS AND METHOD FOR PROVIDING STERILIZATION ZONES IN AN ASEPTIC
PACKAGING STERILIZATION TUNNEL

FILING FEE
RECEIVED

\$620

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | All Fees |
| <input type="checkbox"/> | 1.16 Fees (Filing) |
| <input type="checkbox"/> | 1.17 Fees (Processing Ext. of time) |
| <input type="checkbox"/> | 1.18 Fees (Issue) |
| <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Credit _____ |